CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS FAIR POLITION HISSION PRACT COVER PAGE

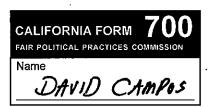
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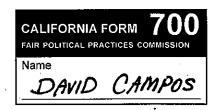
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1.	Office, Agency, or Court	,	-	E I S		
	Agency Name	-		== j>	<del>P</del>	
	San Francisco Board of Supervisors			رين <del>دن</del> س <sup>س</sup> دہ	<u> </u>	521923 521923
-	Division, Board, Department, District, if applicable	Your Position	Ì	ZZ		; ;
	District 9	Supervisor	$\perp$	MMC		The Control
	▶ If filing for multiple positions, list below or on an attachment.	,	-	000	$\dot{\wp}$	
	Agency: (1) SF County Transportation Authority; (2) LAFCO	O Position: Commissioner	_	Z	ပ္သ	
2.	Jurisdiction of Office (Check at least one box)	•	1	•	·	<del></del>
	☐ State	☐ Judge (Statewide Jurisdiction)				
	Multi-County	County of San Francisco	· 			
	⊠ City of San Francisco	Other				<u>'</u>
<del></del> 3.	Type of Statement (Check at least one box)					
	Annual: The period covered is January 1, 2010, through December 3 2010.	31, Leaving Office: Date Left/_ (Check one)		<u>'</u>		
	The period covered is/, through December 3 2010.	<ol> <li>The period covered is January 1 leaving office.</li> </ol>	1, 2010	, through th	e date o	of
	Assuming Office: Date/	<ul> <li>The period covered is</li></ul>		, throu	igh the (	date
	Candidate: Election Year Office sought, if d	ifferent than Part 1:	<del></del>			
4.	Schedule Summary			-		
	Check applicable schedules or "None."	► Total number of pages including this cover	r page:	<u> </u>	_	
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business	: Positie	ons – sched	lule atta	ched
	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule				
	Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Pag	yments	– schedule	attache	d
	-or-  None - No reportable inte	rests on any schedule	ě			
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	nerein and in any attached schedules is true and complete. Tacknowledge	र पाडि ।इ				P
	I certify under penalty of perjury under the laws of the State of Califo	mia th				
	2-76					
	Date Signed	Signati				
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## SCHEDULE D Income – Gifts



TAMES ANAD CLUB PAPI PRODUCTIONS  DDRESS (Business Address Acceptable)  273 Addis on St., SF CA 9431  BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DORESS (Business Address Acceptable)  23 Address Acceptable)  DISINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S)  JO, 20, 10 S S, SF Grants (1) Ticket  S MAME OF SOURCE  SF 4 Geb. S F C A 94/124  USINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S)  ADDRESS (Business Address Acceptable)  HODRESS (Business Address Acceptable)  DORESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S)  JO JO JI S 180, 20 SF 49ENS TICKETS  ADDRESS (Business Address Acceptable)  DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S)  JO JO JI S NAME OF SOURCE  DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S)  S NAME OF SOURCE  DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE  JAMES AWAD CLUB PAPI PRODUC		
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ADDRESS (Business Acceptable)  JSINESS ACTIVITY, IF ANY, OF SOURCE  ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  JULY S. JOSEPH SOURCE  DESCRIPTION OF GIFT(S)  DESCRIPTION OF GIFT(S)  JULY S. JOSEPH SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  JULY S. JOSEPH SOURCE  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  JULY S. J	AME OF SOURCE REC & PARK DEPT.		•
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180, 25f Y4ENS TICKETS	USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SO	DURCE
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# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

· · · · · · · · · · · · · · · · · · ·	
► NAME OF SOURCE	► NAME OF SOURCE
BARCELONA CITY CONNCIL	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BARCELONA CITY CONNCIL  ADDRESS (Business Address Acceptable)  PL. SAUNT JAUME, I, BARCELONA	
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 9,18, 10 9,21,10 AMT: \$ 1,578	DATE(S):
TYPE OF PAYMENT: (must check one) A Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
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of order and astronate	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
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(,, <u></u> ,	1
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
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### San francisco County Transportation Authority

100 Yan Hees Avegue 2614 Floor ian Francisco, California 94102-5244 415,5222,4800 PAN 425,522,4829 info@sicta.org www.sicta.org

John St. Croix, Executive Director San Francisco Ethics Commission (d)(5)

Subject: Filing of Form 700 as Commissioner of the Transportation Authority

Dear Mr. St. Croix:

This is to inform you that the Form 700 I filed on 3/28/// (Month / Date / Year), also applies in my capacity as Commissioner of the San Francisco County Transportation Authority.

Sincerely,



Commissioner



Moving the City

COMMISSIONER

Rass Mirkarimi CHAIR

David Campus
VIC( CHAIR

John Avalos

David Chiu .

Carmen Chu

Malia Cohen

Sean Elsbernd

Mark Farrell

jane Kim

Eric Mar Scott Wiener

José Luis Moscovich